



**TENNESSEE DEPARTMENT OF AGRICULTURE**  
**Water Resources Program**

April 26, 2011

Ms. Erin O'Brien  
TDEC  
L&C Annex, 6<sup>th</sup> Floor  
Nashville, Tennessee 37243

Dear Ms. O'Brien:

I am writing to inform you that I have reviewed the application and Nutrient Management Plan (NMP) for CAFO permit for Mr. Khamsay Sengchanh in Shelbyville, Tennessee (previous Permit NO. SOP-09042).

This letter is to confirm that the TDA has reviewed and approved the NMP. I have enclosed a copy of the Nutrient Management Plan Requirements form and the Notice of Intent (NOI) form, Addendum to Nutrient Management Plan, and stamped Approval Stamp form for your review and final approval.

Sincerely,

Angela L. Warden  
CAFO Specialist

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: //enclosures

ec:// Mrs. Dianne Jenkins, Technical Service Provider for Mr. Sengchanh



# TENNESSEE DEPARTMENT OF AGRICULTURE

## Water Resources Program

The following individual has submitted all required elements of an NMP/CNMP as required to obtain a CAFO permit. Their Nutrient Management Plan (or CNMP) has been reviewed and approved by this office.

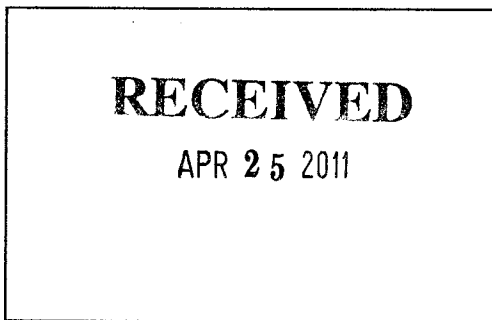
Name of Owner/Operator: Khamsey Sengchanh

Operation Name: Say Farms

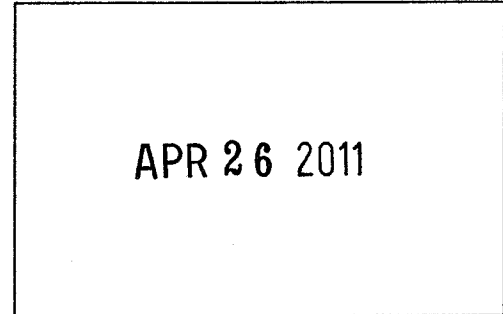
Address of Operation: 510 Grant Road Shelbyville, TN 37160

Phone Number: (931) 205-8113 County: Bedford

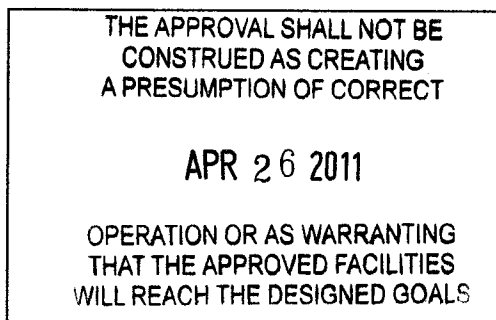
Date application was initiated:



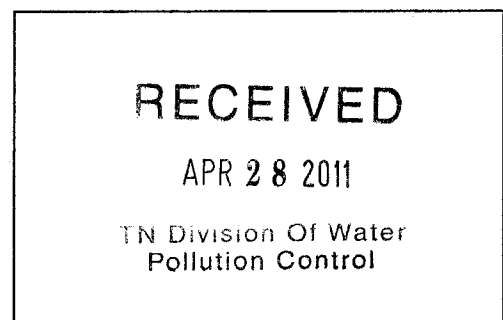
Date approval forwarded to TDEC:



NMP/CNMP Approval Date:



Date approval received by TDEC



TDA Reviewer's Name: Angela Warden

TDA Reviewer's Signature: Angela Warden 4/26/11  
Date

# Nutrient Management Plan Requirements

The following 9 items need to be submitted at the time the permit is applied for. Additional record-keeping items as outlined in the CAFO rules are also considered part of the nutrient management plan and must be kept on-site. More information on each item can be found in the CAFO rule (1200-4-5-.14).

- ☒ 1. **Two maps:** (1.) A map of your farm showing location of any animal barns/houses, compost bins, litter storage bins, manure lagoons/holding ponds, nearby roads, fields to which litter/manure will be applied, and non-application buffer areas around any bodies of water (streams, creeks, rivers, ponds, wells, sinkholes, springs, wetlands, etc.). A hand-drawn map is acceptable and even preferred. (2.) A topographic map of the farm (1:24000 scale, showing 1-mile radius from farm) showing property lines.
- ☒ 2. **Nutrient budget** – this is basically a balance sheet of all manure produced on the farm and all manure spread on the farm or removed from the farm. Application rates for all fields should be based on crop needs, realistic crop yield expectations, and actual manure analyses of nutrient content.
- ☒ 3. **Soil test results** for phosphorus and potassium for each application field. These must be taken at a minimum of every five years.
- ☒ 4. Results of **manure analysis** from within the past year. Annual manure testing is a requirement for all CAFOs. These results must be included with initial permit application if the farm is in operation. If the farm that is applying for the permit is new and not yet operating, then manure testing results need to be obtained once operation begins. At that point, the manure test results and revised application rates need to be submitted to TDA. Manure test results in subsequent years need to be kept as part of your record-keeping activities.
- ☒ 5. Results of the **Phosphorus Index** applied to each field that has a soil test P value of "High" or "Very High". In those situations, this tool will determine whether your application rates will be based on nitrogen or phosphorus.
- ☒ 6. Statement regarding method of **dead animal disposal**.
- ☒ 7. **Closure Plan** to be implemented in the event animal production ceases on the site.

These last two items are only required for medium-size CAFOs that manage **liquid manure**.

- ☒ 8. Documentation of **design of liquid waste handling system**. This should include, but is not limited to: volume for solids accumulation, design treatment volume, total design volume, the approximate number of days of storage capacity, pumping and routing of wastes, and any solid separation process. Ideally, this documentation would consist of the pertinent engineering drawings with accompanying descriptive narrative.
- ☒ 9. The construction, modification, repair, or installation of any portion of a CAFO liquid waste handling system (such as earthen holding pond, treatment lagoon, pit, sump or other earthen storage/containment structure) after April 13, 2006 must be preceded by a thorough **subsurface investigation**. This investigation will include a detailed soils investigation with special attention to the water table depth and seepage potential.

In addition to the items above, the following form(s) must accompany your application:

- ☒ **Notice of Intent form** must be submitted with all applications from Class II (Medium) CAFOs
- OR
- ☒ **EPA Forms 1 and 2B** must be submitted with all applications from Class I (Large) CAFOs
- ☒ **Addendum to Nutrient Management Plan.**

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Tennessee Department of Environment and Conservation,  
Division of Water Pollution Control  
401 Church Street, 6<sup>th</sup> Floor L & C Annex, Nashville, TN 37243  
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)  
STATE OPERATING PERMIT (SOP) APPLICATION**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☒ SOPC00000 (no discharge) ☐ Unknown, please advise  
Application type: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification  
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: 50P-09042

**OPERATION IDENTIFICATION**

Operation Name: <u>Say Farms</u>		County: <u>Bedford</u>
Operation Location/ Physical Address: <u>510 Gant Rd</u> <u>Shelbyville TN 37160</u>		Latitude: <u>35°27'29.50"N</u> Longitude: <u>86°36'54.56"W</u>
Name and distance to nearest receiving water(s): <u>Stinking Creek - to East 1191'</u>		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: <u>125,000 now</u> <u>to 298,400</u>		Number of Barns: <u>4 barns going to 8</u>
Name of Integrator: <u>Tyson Foods</u>		
Type of Animal Waste Management: <input checked="" type="checkbox"/> Dry (check all that apply) <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP with the NOI <input checked="" type="checkbox"/> NMP Attached		Attach a site location topographic map <input checked="" type="checkbox"/> Map Attached

**PERMITTEE IDENTIFICATION**

Official Contact (applicant): <u>Khamsay Sengchanh</u>		Title or Position: <u>owner</u>		<input checked="" type="checkbox"/> Correspondence <input checked="" type="checkbox"/> Invoice
Mailing Address: <u>510 Gant Rd</u>		City: <u>Shelbyville</u>	State: <u>TN</u> Zip: <u>37160</u>	
Phone number(s): <u>931-205-8113</u>		E-mail:		
Optional Contact:		Title or Position:		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice
Address:		City:	State: Zip:	
Phone number(s):		E-mail:		

**APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 1200-4-5-.05)**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title: print or type <u>Khamsay Sengchanh</u>	Signature <u>Khamsay Sengchanh</u>	Date <u>4-16-11</u>
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Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
Impaired Receiving Stream	High Quality Water	NOC Date	

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## Addendum to Nutrient Management Plan:

By my signature below, I affirm that I have read, understand, and will comply with the following stipulations from Tennessee's CAFO rule (1200-4-5-.14) that apply to my CAFO operation.

- 1) All clean water (including rainfall) is diverted, as appropriate, from the production area.
- 2) All animals in confinement are prevented from coming in direct contact with waters of the state.
- 3) All chemicals and other contaminants handled on-site are not disposed of in any manure, litter, process wastewater, or storm water storage or treatment system unless specifically designed to treat such chemicals and other contaminants.
- 4) All sampling of soil and manure/litter is conducted according to protocols developed by UT Extension.
- 5) All records outlined in 1200-4-5-.14(16)d-f will be maintained and available on-site.
- 6) Any confinement buildings, waste/wastewater handling or treatment systems, lagoons, holding ponds, and any other agricultural waste containment/treatment structures constructed after April 13, 2006 are or will be located in accordance with NRCS Conservation Practice Standard 313.
- 7) Drystacks of manure or stockpiles of litter are always kept covered under roof or tarps.
- 8) An *Annual Report* will be written for my operation and submitted between January 1 and February 15 of each year. It will include all information required by rule [1200-4-5-.14(16)g].

Kenneth Sengchanh  
Signature of CAFO Operator:

4-16-11  
Date:

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THIS IS TO ACKNOWLEDGE THAT THE CNMP WAS WRITTEN WITH LANGUAGE ABOUT 25 YR, 24 HOUR  
RAINFALL EVENT. WE REALIZE IT SHOULD BE STATED 100 YR, 24 HR RAINFALL EVENT.

Name KHAMSAY SENGCHANH Khamsay Sengchanh  
Date 4-16-11

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